

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@ldhw.state.id.us

October 9, 2007

Ken Alexander, Administrator Royal Plaza Retirement & Care Center, LLC 2870 Juniper Drive Lewiston, ID 83501

License #: RC-665

Dear Mr. Alexander:

On September 11, 2007, a Fire Life Safety Survey was conducted at Royal Plaza Retirement & Care Center, Llc /rcf. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Team Leader

Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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September 20, 2007

Ken Alexander, Administrator Royal Plaza Retirement & Care Center, LLC 2870 Juniper Drive Lewiston, ID 83501

Dear Mr. Alexander:

On September 11, 2007, a Fire Life Safety Survey was conducted at Royal Plaza Retirement & Care Center, Llc /rcf. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 11, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/lj

Enclosure

PRINTED: 09/18/2007 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - ENTIRE BUILDING B. WING 13R665 09/11/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2870 JUNIPER DR **ROYAL PLAZA RETIREMENT & CARE CENTEF** LEWISTON, ID 83501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 11, 2007. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM

Bureau of Facility Standards

6899

10VL21

2087450164



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 **ASSISTED LIVING** Non-Core Issues Dunch List

	(200) 304-0020 (dx. (200) 304-1000	Punch List				
Facility Name	Physical Address	Phone Number				
Royal Alaza Retirement + Care Administrator	12870 Juriper Drive	208-746-2800				
Administrator	City	ZIP Code				
Ken Alexander	2870 Juliper Drive Lewiston ID	83501				
Survey Team Leader	Survey Type	Survey Date				
TAYLOR BAPILLEY		9.11-7				
NON-CORE ISSUES '						
ITEM RULE#	DESCRIPTION	DATE BFS				
# 16.03.22						
1 405.01 (A) Resident Room \$	t 205 has two multiple elect	rical 9/13/07				
ADApters in us	f	ie As				
(3) The Kitchen has a multiple electrical Adapter in use, 9/13/07						
(c) The heauty show	LAS two multiple electric	al Adopterk, 9/12/17				
(D) The wiring for	the light fixture in the low	bby 15 9/13/07				
stapled with a	netal stanles to the wall.	是这是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一				
1 110 and TI MUS 111.	The state of the state of the state of the	0/-/2				

		113) The KITCHEN MAS A MUTTIPLE ELECTRICAL ACCEPTER IN USA	B. ///3/01	11/21/25/46
		(c) The beauty shop has two multiple electrical Adapter		7
		(D) The wiring for the light fixture in the labby is	9/13/0	2
		stapled with metal staples to the wall.		30 A 70
a ,	410.02	The facility did not conduct one drill per shift per Quant	en 9/27/0	2
	465,05.		1/28/0	2
		hardware preventing the doors from working properly,	1 7	
4	415,02	The facility did not have then fuel-fired heating	10/02/07	
		devices annually inspected.		
				17
				#1.85 \$6.20

				75.67

Response Required Date

Signature of Facility Representative

Date Signed